

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ ) SS:  
\_\_\_\_\_) )  
Petitioner )  
vs. )  
\_\_\_\_\_) )  
Respondent )

IN THE \_\_\_\_\_ COURT \_\_\_\_  
\_\_\_\_\_ DIVISION, ROOM \_\_\_\_

Case No. \_\_\_\_\_

**ADDRESS VERIFICATION FORM**

Address of Petitioner:

(This must be a public mailing address, please do not list a confidential address. This address will be used to mail legal documents and will be made public. Participants in the Attorney General's Address Confidentiality Program (ACP) may use their ACP address. For more information on how to enroll in the ACP please call: 1-800-321-1907).

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Lot/Apt. #

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address of Respondent:

(Court must be able to obtain personal service of Respondent in order to go forward with the contempt. Please list the best possible address where Respondent lives, complete address and name of Respondent's employer, or last known address.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Lot/Apt. #

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_